

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>7-19-05</u>		2 Serial/Patent # <u>10/521096</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/>	Filing		\$ <u>100</u>
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		\$
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
		7 TOTAL AMOUNT OF REFUND \$ <u>100</u>	
		8 TO BE REFUNDED BY:	
		Treasury Check	
		9 <input checked="" type="checkbox"/> Credit Deposit A/C #:	
		<div style="border: 1px solid black; display: inline-block; padding: 2px;"> 50--3272 </div>	
10 REASON:			
<input checked="" type="checkbox"/>	Overpayment		
<input type="checkbox"/>	Duplicate Payment		
<input type="checkbox"/>	No Fee Due (Explanation):		
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>John Anderson</u>		TITLE: <u>Paralegal Specialist</u>	
SIGNATURE: <u>John Anderson</u>		PHONE: <u>7/305-9140 ext 211</u>	
OFFICE: <u>PCT DO/EO</u>			

THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: